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Number of pages including cover letter: **19**
Date: **September 8, 2004**
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To	Company	City	Fax
ART UNIT 2685 Examiner: Duc M. NGUYEN	United States Patent Office – Facsimile Centre	Alexandria, VA	(703) 872-9306

Re: Serial No. 09/865,466
Inventor(s): David Bongfeldt
Title: INTELLIGENT GAIN CONTROL IN AN
ON-FREQUENCY REPEATER

Response to Final Office Action of July 9, 2004 attached.

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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/865,466	
	Filing Date	05/29/2001	
	First Named Inventor	David BONGFELDT	
	Art Unit	2685	
	Examiner Name	Duc M. NGUYEN	
Total Number of Pages in This Submission	18	Attorney Docket Number	9-15000-7US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kent Daniels Reg. No. 44, 206	
Signature	<i>K. Daniels</i>	
Date	September 8, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kent Daniels Reg. No. 44,206		
Signature	<i>K. Daniels</i>	Date	September 8, 2004

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